

Fill in this information to identify the case:

United States Bankruptcy Court for the:

_____ District of _____
(State)

Case number (if known): _____ Chapter _____

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

HAPPY CHILD DAY CARE CENTER

2. All other names debtor used in the last 8 years

NONE

Include any assumed names, trade names, and doing business as names

3. Debtor's federal Employer Identification Number (EIN)

45-5485470

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
AUG 06 2018
JEFFREY P. ALLSTEADT, CLERK
INTAKE 3

4. Debtor's address

COMPANY CLOSED
and DISSOLVE

Principal place of business

1717 HOWARD ST.
Number Street

EVANSTON IL 60202
City State ZIP Code

COOK
County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

N/A

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor

HAPPY CHILD DAY CARE
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above MONTROSSORI SCHOOL

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes.

District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes.

Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Debtor

HAPPY CHILD DAY CARE, INC.
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number

Street

City

State

ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

None

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated assets

☒ \$0-\$50,000

☐ \$50,001-\$100,000

☐ \$100,001-\$500,000

☐ \$500,001-\$1 million

☐ \$1,000,001-\$10 million

☐ \$10,000,001-\$50 million

☐ \$50,000,001-\$100 million

☐ \$100,000,001-\$500 million

☐ \$500,000,001-\$1 billion

☐ \$1,000,000,001-\$10 billion

☐ \$10,000,000,001-\$50 billion

☐ More than \$50 billion

Debtor

Name HAPPY CHILD DAY CARE Center

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

☐ I have been authorized to file this petition on behalf of the debtor.

☐ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/31/2018
MM / DD / YYYY

☒ [Signature]
Signature of authorized representative of debtor

NEHA LADLAN
Printed name

Title CONSULTANT

18. Signature of attorney

☒ _____
Signature of attorney for debtor

Date _____
MM / DD / YYYY

Printed name _____

Firm name _____

Number _____ Street _____

City _____

State _____ ZIP Code _____

Contact phone _____

Email address _____

Bar number _____

State _____

Fill in this information to identify the case:

Debtor name HAPPY CHILD DAY CARE CENTER
 United States Bankruptcy Court for the: _____ District of _____ (State)
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.
☐ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ _____

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. _____ \$ _____
 3.2. _____ \$ _____

4. Other cash equivalents (Identify all)

4.1. _____ \$ _____
 4.2. _____ \$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ _____

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____ \$ _____
 7.2. _____ \$ _____

Debtor

Name

HAPPY CHILD DAY CARE CENTER

Case number (if known)

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|-------------------------------------|---|---|------------------------------------|
| 19. Raw materials | MM / DD / YYYY | \$ | | \$ |
| 20. Work in progress | MM / DD / YYYY | \$ | | \$ |
| 21. Finished goods, including goods held for resale | MM / DD / YYYY | \$ | | \$ |
| 22. Other inventory or supplies | MM / DD / YYYY | \$ | | \$ |
| 23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84. | | | | \$ |

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value Valuation method Current value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|------------------------------------|
| 28. Crops—either planted or harvested | \$ | | \$ |
| 29. Farm animals Examples: Livestock, poultry, farm-raised fish | \$ | | \$ |
| 30. Farm machinery and equipment (Other than titled motor vehicles) | \$ | | \$ |
| 31. Farm and fishing supplies, chemicals, and feed | \$ | | \$ |
| 32. Other farming and fishing-related property not already listed in Part 6 | \$ | | \$ |

Debtor

Name HAPPY CHILD DAY CARE CENTER

Document Page 8 of 21

Case number (if known) _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☒ No. Go to Part 8.☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 39. Office furniture | | | |
| _____ | \$ _____ | _____ | \$ _____ |
| 40. Office fixtures | | | |
| _____ | \$ _____ | _____ | \$ _____ |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | | | |
| _____ | \$ _____ | _____ | \$ _____ |
| 42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | | | |
| 42.1 _____ | \$ _____ | _____ | \$ _____ |
| 42.2 _____ | \$ _____ | _____ | \$ _____ |
| 42.3 _____ | \$ _____ | _____ | \$ _____ |

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ _____

44. Is a depreciation schedule available for any of the property listed in Part 7?☐ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☐ No☐ Yes

Debtor

Name

HAPPY CHILD DAY CARE CENTER

Document

Page 9 of 21

Case number (if known)

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)**Valuation method used for current value****Current value of debtor's interest**

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

| | | | |
|------------|----------|-------|----------|
| 47.1 _____ | \$ _____ | _____ | \$ _____ |
| 47.2 _____ | \$ _____ | _____ | \$ _____ |
| 47.3 _____ | \$ _____ | _____ | \$ _____ |
| 47.4 _____ | \$ _____ | _____ | \$ _____ |

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

| | | | |
|------------|----------|-------|----------|
| 48.1 _____ | \$ _____ | _____ | \$ _____ |
| 48.2 _____ | \$ _____ | _____ | \$ _____ |

49. Aircraft and accessories

| | | | |
|------------|----------|-------|----------|
| 49.1 _____ | \$ _____ | _____ | \$ _____ |
| 49.2 _____ | \$ _____ | _____ | \$ _____ |

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

| | | | |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
|-------|----------|-------|----------|

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____

52. Is a depreciation schedule available for any of the property listed in Part 8?

☐ No☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☐ No☐ Yes

Debtor

Name

HAPPY CHILD DAY CARE CENTER

Case number (if known)

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|------------------------------------|
| 55.1 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.2 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.3 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.4 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.5 _____ | _____ | \$ _____ | _____ | \$ _____ |
| 55.6 _____ | _____ | \$ _____ | _____ | \$ _____ |

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets _____ | \$ _____ | _____ | \$ _____ |
| 61. Internet domain names and websites _____ | \$ _____ | _____ | \$ _____ |
| 62. Licenses, franchises, and royalties _____ | \$ _____ | _____ | \$ _____ |
| 63. Customer lists, mailing lists, or other compilations _____ | \$ _____ | _____ | \$ _____ |
| 64. Other intangibles, or intellectual property _____ | \$ _____ | _____ | \$ _____ |
| 65. Goodwill _____ | \$ _____ | _____ | \$ _____ |

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ _____

Debtor

Name HARRY CHAD Day Care Center

Document

Page 11 of 21

Case number (if known) _____

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ Total face amount — _____ doubtful or uncollectible amount = → \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

| | | |
|-------|----------------|----------|
| _____ | Tax year _____ | \$ _____ |
| _____ | Tax year _____ | \$ _____ |
| _____ | Tax year _____ | \$ _____ |

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Nature of claim _____

Amount requested \$ _____

\$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Nature of claim _____

Amount requested \$ _____

\$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor

Name HAPPY CHILD Day Care Center

Document Page 12 of 21

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|--|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i> | \$ <u>0</u> | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | \$ <u>0</u> | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | \$ <u>0</u> | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | \$ <u>0</u> | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | \$ <u>0</u> | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | \$ <u>0</u> | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | \$ <u>0</u> | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | \$ <u>0</u> | |
| 88. Real property. <i>Copy line 56, Part 9.</i> → | | \$ <u>0</u> |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | \$ <u>0</u> | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | + \$ <u>0</u> | |
| 91. Total. Add lines 80 through 90 for each column. 91a. | \$ <u>0</u> | + 91b. \$ <u>0</u> |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. | \$ <u>0</u> | |

Fill in this information to identify the case:

Debtor name HAPPY CHILD DAY CARE CENTER
United States Bankruptcy Court for the: _____ District of _____
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

Describe debtor's property that is subject to a lien

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

2.2 Creditor's name

Describe debtor's property that is subject to a lien

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Have you already specified the relative priority?
☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☐ Yes. The relative priority of creditors is specified on lines _____

Describe the lien

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Fill in this information to identify the case:

Debtor HAPPY CHILD DAY CARE CENTER
 United States Bankruptcy Court for the: _____ District of _____
 (State)
 Case number _____
 (if known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | Total claim | Priority amount |
|---|---|-----------------|
| 2.1 Priority creditor's name and mailing address <u>MR. JOHN LITTLEJOHN</u> <u>LEVY DEPT., ILLINOIS DEPT OF REVENUE</u> <u>P.O. BOX 19075</u> <u>SPRINGFIELD, IL 62794-9075</u> Date or dates debt was incurred <u>2014</u> Last 4 digits of account number <u>6811</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) () | As of the petition filing date, the claim is: \$ <u>11,725.95</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | \$ _____ |

| | | |
|--|--|----------|
| 2.2 Priority creditor's name and mailing address <u>ILLINOIS DEPT. OF THE TREASURY - IRS</u> <u>P.O. BOX 9041, CSCD</u> <u>ADDUVER, MA 01810-9041</u> Date or dates debt was incurred <u>2011, 2012, 2013, 2014</u> Last 4 digits of account number <u>7448</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | As of the petition filing date, the claim is: \$ <u>38,453.54</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TAXES INCURRED BY BUSINESS OWNED: R</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | \$ _____ |
|--|--|----------|

| | | |
|--|--|----------|
| 2.3 Priority creditor's name and mailing address <u>INTERNAL REVENUE SERVICE</u> <u>16 ELISE GRAY</u> <u>4749 LINCOLN MALL DR. 4TH FL</u> Date or dates debt was incurred <u>MATTHESON, 2011, 2012, 2013, 2014 IL 60443</u> Last 4 digits of account number <u>7448</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) () | As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes | \$ _____ |
|--|--|----------|

THE IRS Declared this case Not collectible ff. 7/30/18

Debtor

Name

HAPPY CHILD DAY Document Page 15 of 21

Case number (if known)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

3.2 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

3.3 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

3.4 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

3.5 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

3.6 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$ _____

Basis for the claim: _____

Date or dates debt was incurred _____

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number _____

Debtor

Name

HAPPY CHILD DAY CARE CENTER

Case number (if known)

Document Page 16 of 21

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|--------------------------|--|---|
| 4.1. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.2. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.3. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.4. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.1. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.5. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.6. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.7. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.8. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.9. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.10. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |
| 4.11. _____ _____ | Line _____ <input type="checkbox"/> Not listed. Explain _____ | ____ _ |

Debtor

Name

Apply CHUD Day Case Document

Page 17 of 21

Case Number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 11,724.95 + 38,453.54

5b. Total claims from Part 2

5b.

+

\$

5c. Total of Parts 1 and 2

5c.

\$ 50,179.49

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name HAPPY CHILD DAY CARE Center

United States Bankruptcy Court for the: _____ District of _____
(State)

Case number (If known): _____ Chapter _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

| | | | |
|-----|---|-------|-------|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest | _____ | _____ |
| | State the term remaining | _____ | _____ |
| | List the contract number of any government contract | _____ | _____ |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest | _____ | _____ |
| | State the term remaining | _____ | _____ |
| | List the contract number of any government contract | _____ | _____ |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest | _____ | _____ |
| | State the term remaining | _____ | _____ |
| | List the contract number of any government contract | _____ | _____ |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest | _____ | _____ |
| | State the term remaining | _____ | _____ |
| | List the contract number of any government contract | _____ | _____ |
| 2.5 | State what the contract or lease is for and the nature of the debtor's interest | _____ | _____ |
| | State the term remaining | _____ | _____ |
| | List the contract number of any government contract | _____ | _____ |

Fill in this information to identify the case:

Debtor name HAPPY CHILD DAY CARE CENTER
 United States Bankruptcy Court for the: _____ District of _____
 (State)
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

| Column 1: Codebtor | | | Column 2: Creditor | |
|--|---|--|--------------------|--|
| Name | Mailing address | | Name | Check all schedules that apply: |
| 2.1 ARICA LAURIE EDUARDO LADAO | 816 Greenwood Rd. Street Glenview IL 60025 City State ZIP Code | | | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.2 NEUA LADAO | 816 Greenwood Rd. Street Glenview IL 60025 City State ZIP Code | | | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.3 AERICA LAURIE | 816 Greenwood Rd. Street Glenview IL 60025 City State ZIP Code | | | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.4 | _____ Street _____ City State ZIP Code | | | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.5 | _____ Street _____ City State ZIP Code | | | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.6 | _____ Street _____ City State ZIP Code | | | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |

Fill in this information to identify the case:

Debtor name HAPPY CHILD Day Care Center
United States Bankruptcy Court for the: _____ District of _____
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from Schedule A/B.....

\$ 0

1b. **Total personal property:**

Copy line 91A from Schedule A/B.....

\$ 0

1c. **Total of all property:**

Copy line 92 from Schedule A/B.....

\$ 0

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$ 50,179.49

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$

4. **Total liabilities:**
Lines 2 + 3a + 3b

\$ 50,179.49

Fill in this information to identify the case and this filing:

Debtor Name HAPPY CHILD DAY CARE Center
United States Bankruptcy Court for the: _____ District of _____
(State)
Case number (if known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☒ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☒ Schedule H: Codebtors (Official Form 206H)
- ☒ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/31/18
MM / DD / YYYY

☒ [Signature]
Signature of individual signing on behalf of debtor

IRENA LARSEN
Printed name

CONSULTANT
Position or relationship to debtor